AccuReview

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[Date notice sent to all parties]: March 28, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Functional Restoration Program 80 hours

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is Board Certified in Rehabilitation and Physical Medicine with over 14 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who sustained a work related injury on XX/XX/XX while carrying out customary duties as a XX. He reported stepping out of his work truck and lost his footing. In effort to regain balance, he was able to prevent himself from slipping, but came down heavily on his foot. When he set his foot down flat, he also heard a pop. He continued to work without noticing that his knee was becoming increasingly swollen throughout the day.

XX/XX/XX: Operative Report. Preoperative Diagnoses: 1. Right knee pain, 2. Right knee work-related medial and lateral meniscus tears. Postoperative Diagnoses: 1. Right knee pain, 2. Right knee work-related medial and lateral meniscus tears.

XX/XX/XX: Encounter. S: pain and swelling, right knee has an effusion and some discomfort, gets worse after therapy. Right Knee Examination: Diffuse mild swelling and diffuse mild tenderness. Essentially full extension to 90. Sutures removed and steri strips applied, 3+ effusion right knee. Diagnostic Test Finding: Aspirated 22cc slightly bloody effusion fluid no signs of pus or infection under sterile conditions. DX: M25.461 Effusion, right knee, M25.S61 pain in right knee, 247.89 encounter for other orthopedic aftercare. Impression: doing fairly well postop right knee but has pain and large effusion. Treatment Plan: continue therapy, take NSAIDs, and return in 4 weeks.

XX/XX/XX: FCE. Assessment: 1. The claimant demonstrated a lack of cardiovascular fitness due to deconditioning, VO2 max was below average and below what is considered the norm for age. 2. & 3. The claimant has made objective improvements in the following area since last eval: static strength and dynamic lifting. 4. Although the claimant is currently working, they are unable to perform their regular job duties without risk of further injury. Recommendations: Based on the findings, the claimant may benefit from a referral to a functional restoration

program. In accordance to objective findings, the claimant does not meet the requirements to perform original job duties without restrictions.

XX/XX/XX: Office Visit. CC: f/u after completing postop rehab. Clinical Findings: right knee pain on palpation and unable to step in figure 8 step. DX: right knee strain, right medial meniscus tear, right knee lateral meniscus tear. Treatment Plan: HEP and RTWP.

XX/XX/XX: Initial Clinical Interview, Psychological Testing and Assessment Report. Treatment Recommendation: Concur that claimant is recommended to participate in the functional restoration program after exhausting conservative treatment as requested. Currently, the claimant is negatively impacted by pain and reduced functioning across activities of daily living. The claimant has responded positively to past treatment and failed to restore functioning. The claimant will require interdisciplinary functional restoration program in order to reduce pain and fear avoidance behaviors while improving physical capabilities and functioning in order to propel this claimant toward a safe return to work and facilitate medical case closure.

XX/XX/XX: Request for 80 Hours of Functional Restoration Program dictated by unknown. Summary: Please recall that prior treatment modalities have failed to stabilize the claimant's psychosocial distress, increase his engagement in activities of daily living, or enhance his physical functioning such that he could safely return to work. Claimant is approximately XX months s/p injury and his pain is chronic, persistent, and intractable at 5-8/10, depending on level of activity. Conservative care has not been sufficient to extinguish his pain or increase his functional tolerances such that he could successfully return to his previous position. He described limited functioning within daily job and familial activities. He has developed a chronic pain syndrome; the treatment of choice is participation in an interdisciplinary pain rehabilitation program. The claimant's doctor has prescribed participation in functional restoration program as medically necessary. This intensive level of care is needed to reduce this claimant's pain experience, develop self-regulation skills, and facilitate a timely return to the work force.

XX/XX/XX: Office Visit. S: right knee improving, claimant to do some work hardening; has not been released to work yet. PE: essentially full extension with flexion to 120 degrees. DX: Effusion, right knee, pain in right knee, encounter for other orthopedic aftercare. Impression: doing well postop right knee scope. Treatment Plan: return if pain or symptoms arise.

XX/XX/XX: UR. Reason for denial: FCE dated XX/XX/XX indicated that required PDL is heavy and current PDL is light. DX is somatic symptom disorder with predominant pain. The requested Functional restoration program 80 hours is not medically necessary nor appropriate. Based on clinical information provided, medical necessity has not been established for functional restoration program 80 hours. The submitted records fail to establish that the claimant has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. The claimant underwent right knee injection on XX/XX/XX; however, the claimant has not returned for follow up to the surgeon to assess his response to the injection. Additionally, the submitted records fail to establish that the claimant presents with a significant psychosocial component which would require a multidisciplinary program in accordance with the ODG. Therefore, the medical necessity is not established in accordance with current evidence based guidelines.

XX/XX/XX: Reconsideration: Functional Restoration Program Preauthorization Request. Based upon available records, prescription from his referring doctor, information gathered across assessment periods, and limited response to low-level treatment, claimant is a suitable candidate for a tertiary level of care. Conservative care has not been sufficiently intensive to help this claimant increase his physical functioning capacity or reduce psychosocial distress. He requires daily, intensive, team-oriented program that will stabilize active symptoms on a long-term basis and assist his with return to work options. He meets criteria that is considered appropriate benchmarks for referral to a multidisciplinary Functional Restoration Program.

XX/XX/XX: UR. Reason for denial: The clinical information provided does not establish the medical necessity of this request. This is a request for a functional restoration program times 80 hours. The DOI was XX/XX/XX and the claimant had right knee surgery and postop therapy provided times 12 sessions. On XX/XX/XX evaluation by the claimant's Orthopaedic surgeon stated the right knee was improving and the claimant was in work hardening. The

exam found full extension with flexion at 120 degrees and the claimant was neurovascularly intact. The guidelines state early rehabilitation is more likely to be cost-effective compared to receiving functional restoration as a treatment of last resort. Functional restoration program should only be considered when previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. With the surgeon noting that the claimant was improving, and with work hardening still ongoing at that time, there is no indication for this type of program. Therefore, the request for a functional restoration program 80 hours is not medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Denial of 80 hours of Functional Restoration Program is UPHELD/AGREED UPON since there is notation that there is improvement in a current "work hardening program." Therefore, there is lack of documentation of progress with, and exhaustion of, lower levels of care. Furthermore, there is question as to any psychometric testing to quantify any psychosocial barriers to recovery to warrant progression to a functional restoration program. There is also question as to current medication, particularly any habituating analgesic medication which would require a weaning process, or any psychotropic medications such as anti-depressants, anxiolytics or sleep aids, which require management in order to maximize participation in a functional restoration program. There is question as to specific goals of a functional restoration program, particularly whether there is a job to return to, and if not, vocational plans. There is also question as to claimant compliance and motivation with the rehabilitation treatment plan. Therefore, after reviewing the medical records and documentation provided, the request for Functional Restoration Program 80 hours is denied.

Per ODG:

Functional restoration programs (FRPs)	Recommended for selected patients with chronic disabling pain, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003) Early rehabilitation is more likely to be a cost-effective compared to receiving functional restoration as a treatment of last resort. (Theodore, 2014) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see Chronic pain programs.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**